



# DSI RECEIPT

**CITY OF SAINT PAUL**  
Department of Safety and Inspections  
375 Jackson Street Suite 220  
Saint Paul, Minnesota 55101-1806  
Phone: (651) 266-8989 Fax: (651) 266-9124  
www.stpaul.gov/dsi

**Date:** 09/14/2018

**Received From:** FINAL STRETCH INC  
PO BOX 121 NERSTRAND MN 55053

**Description:**

Invoice Details	Invoice Amount	Amount Paid
1032334 Noise Variance	\$172.00	\$172.00
<b>TOTAL AMOUNT PAID:</b>		<b>\$172.00</b>

**Paid By:**

Payment Type	Check #	Received Date	Amount
Check	1972	09/14/2018	\$172.00



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RECEIVED IN D.S.I.  
SEP 7 2018

### Sound Level Variance Application

City of Saint Paul Noise Ordinance (Chapter 293)

**Note:** A public hearing before the Saint Paul City Council is required. Application and fee must be received no fewer than forty five (45) days prior to the public hearing date that is before the requested Variance start date.

1. Organization/person seeking variance: Final Stretch Inc.
2. Mailing Address w/zip code: PO Box 121 Nerstrand, MN 55053
3. Responsible person: Nate Utpadel Title: Logistics Coordinator
4. Event Name: Unleash the SHE 5K/10K Presented by Mayo Clinic
5. Telephone: 507-649-7166 E-Mail: nate@finalstretch.com
6. Date(s) during which the variance is requested: 10/14/18
7. Noise source - Time(s) of operation: 8:30am - 12:00pm  
- Time(s) of pre-event sound check: N/A
8. Address or legal description of Noise source: Lake Phalen Park Reserve Picnic Shelter
9. Sound level requested: 100db max
10. Briefly describe the noise source and equipment involved: 200w PA System
11. Describe the steps that will be taken to minimize the noise levels: Controlled volume, Directional Amplification
12. State reason for seeking variance (E.g. music, announcements, construction, etc.): Announcements/Cancer Survivor stories/music for finish line
13. Attach site diagram showing location of noise source(s), streets, stages, tents, etc. (If there will be amplified sound, indicate location and direction that all speakers will be facing.) Multiple locations may require more than one application.
14. Return completed Application, Site Diagram, and **\$172.00** fee to: **CITY OF SAINT PAUL**

**DEPARTMENT OF SAFETY AND INSPECTIONS  
375 JACKSON STREET, SUITE 220  
SAINT PAUL, MN 55101-1806**

Signature of responsible person: \_\_\_\_\_

Date: 8/24/18



FSI Tent - 10x20  
Post Race - 3 10x10  
Medical - 10x10